

**Billing Code: 4163-18-P**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Implementation of Programs to Improve the Management of  
HIV/AIDS/STI/TB Care in the Livingstone District of the  
Republic of Zambia**

**Announcement Type:** New

**Funding Opportunity Number:** AA112

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

**Application Deadline:** September 9, 2005

#### **I. Funding Opportunity Description**

**Authority:** This program is authorized under Sections 301 (a) and 307 of the Public Health Service Act [42 U.S.C. Sections 241 and 2421], as amended, and under Public Law 108-25 (United States Leadership against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people

with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address:  
<http://www.state.gov/s/gac/rl/or/cl1652.htm>

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Zambia are to treat at least 120,000 HIV-infected individuals and care for 600,000 HIV-affected individuals, including orphans.

The HIV/AIDS epidemic in Zambia is well established, with a seroprevalence of 16 percent among the general population between persons between 15 and 49 years-old (DHS 2002). The prevalence rate among this age group in the urban areas is about twice that in the rural areas. Some districts within the country have very high rates of infection, over 30 percent, in ante-natal women. An example of such a district is Livingstone, the capital of Southern Province, and also the tourist capital of Zambia.

There are an estimated one million Zambians living with HIV/AIDS, and 200,000 are in immediate need of anti-retroviral therapy (ART). One consequence of the HIV/AIDS epidemic has been an exponential increase in notification rates of tuberculosis (TB) since the mid-1980s, because of the interaction between TB and HIV. The epidemiological link between TB and HIV is demonstrated by an HIV prevalence of over 70 percent in newly diagnosed TB patients.

In contrast to the situation for people living with HIV/AIDS (PLWHA) in the early years of the epidemic, when care was mainly palliative, specific anti-retroviral treatment is now available at a subsidized drug cost within the Zambian public health sector. Zambia has set a goal to put 100,000 people on ART by the year 2005. The United States Government, through President Bush's Emergency Plan for AIDS Relief (Emergency Plan), has provided support for HIV/AIDS care in Zambia, and has a target of putting 30,000 people on ART by the end of the Fiscal Year (FY) 2005. In seeking to reach the goals set for number of people on ART, efforts will provide care to individuals most likely to be HIV-positive and in immediate need of treatment.

TB patients present one group of people who have high rates of HIV infection and who are most likely to be in need of immediate ART. The World Health Organization (WHO) has recommended confidential HIV CT for TB patients as part of the routine care provided in clinical settings.

Though ART is now more readily available in public health settings in Zambia, many HIV-infected individuals are presenting to health facilities with inter-current opportunistic infections that require immediate treatment. In many hospitals, the capacity to diagnose and treat these infections is severely limited, and the quality of care provided is, therefore, compromised. This announcement seeks to improve the quality of care offered to PLWHAs in the Livingstone district through training of health staff in English, improving the laboratory infrastructure, and strengthening the capacity and development of referral systems for comprehensive care.

**Purpose:** The purpose of this funding announcement is to progressively build an indigenous, sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention and care interventions, and improved linkages to

HIV counseling and testing and HIV treatment services targeting underserved populations in Zambia.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services (HHS) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

The purpose of this program announcement is to provide high-quality clinical care to PLWHAs in the Livingstone District of Southern Province of the Republic of Zambia.

The President's Emergency Plan seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas. Through this initiative, the HHS Global AIDS Program (GAP) will continue to work with host countries to strengthen capacity and expand activities in the areas of: (1) primary HIV prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development. The focus countries of the Emergency Plan represent countries with the most severe

epidemics and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. Government agencies are already active. Zambia is one of these focus countries.

To carry out its activities in these countries, HHS is working in a collaborative manner with national governments and other agencies to develop programs of assistance to address the HIV/AIDS epidemic. In particular, as part of the Emergency Plan, HHS' mission in Zambia is to work with the Ministry of Health (MOH) and its partners to develop and apply effective interventions to prevent and treat HIV infection and associated illness and death from AIDS.

Measurable outcomes of the program will be in alignment with the performance goals of the President's Emergency Plan and one (or more) the following performance goal(s) for the National Center for HIV, Sexually Transmitted Diseases (STD) and Tuberculosis (TB) Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) within HHS: By 2010, work with other countries, international organizations, the U.S. Department of State, the U.S. Agency for International Development (USAID), and other partners to achieve the United Nations General Assembly

Special Session on HIV/AIDS goal of reducing prevalence among young people 15 to 24 years of age. In addition, the measurable outcomes of the program will be in alignment with the goals of the Emergency Plan to prevent seven million new infections; provide ten million people infected or affected by HIV/AIDS with care and support; including orphans and vulnerable children; and treat two million people with ART.

This announcement is only for non-research activities supported by HHS, including the CDC. If an applicant proposes research activities, HHS will not review the application. For the definition of research, please see the HHS/CDC web site at the following Internet address:  
<http://www.cdc.gov/od/ads/opspoll1.htm>

**Activities:**

The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in Zambia. Either the awardee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the

Office of the U.S. Global AIDS Coordinator. The awardee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005-2008 inclusive) that reflects the policies and goals outlined in the five-year strategy for the President's Emergency Plan.

The awardee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in Zambia will review as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process managed by the Office of the U.S. Global AIDS Coordinator. The awardee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving



Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process.

Awardee Activities for this program are as follows:

1. Improve the capacity for Zambian health staff to provide confidential counseling and testing (CT) through training of health care workers in psychosocial counseling skills.
2. Train health care workers in the Livingstone District on the importance of referring patients who present with TB, Sexually Transmitted Infections (STI) and other infections for confidential HIV CT as part of a high standard of care.
3. Develop a program to make confidential CT a routine part of medical care.
4. Develop a referral system to the ART program for all patients who test HIV-positive and are found eligible for ART, who attend for TB, STI and prevention of mother-to-child transmission, and other clinical care in the hospital and district health centers.
5. Develop and maintain a system to monitor the referrals of clients identified as HIV-positive to clinical care.

6. Develop innovative methods to increase the human resources available to provide confidential CT services within the health facilities in the district.
7. Work to link activities described here with related HIV care and other social services in the area, and promote coordination at all levels, including through bodies such as village, district, regional and national HIV coordination committees and networks of faith-based organizations.
8. Participate in relevant national technical coordination committees and in national process(es) to define, implement and monitor simplified small grants program(s) for faith- and community-based organizations, to ensure local stakeholders receive adequate information and assistance to engage and access effectively funding opportunities supported by the President's Emergency Plan and other donors.
9. Progressively reinforce the capacity of faith- and community-based organizations and village and district AIDS committees to promote quality, local ownership, accountability and sustainability of activities.
10. Develop and implement a project-specific participatory monitoring and evaluation plan by drawing on national and U.S. Government requirements

and tools, including the strategic information guidance provided by the Office of the U.S. Global AIDS Coordinator.

### **Administration**

Winning applicants must comply with all HHS management requirements for meeting participation and progress and financial reporting for this cooperative agreement. (See HHS Activities and Reporting sections below for details.) Winning applicants must comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, HHS staff is substantially involved in the program activities, above and beyond routine grant monitoring.

HHS Activities for this program are as follows:

1. Organize an orientation meeting with the awardee to brief them on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.

2. Review and approve the process used by the awardee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator. Participate in the training of health staff for the program activities.
3. Review and approve awardee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and approve awardee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with awardee to assess monthly expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with awardee to assess quarterly technical and financial progress reports and modify plans as necessary.

7. Meet on an annual basis with awardee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Participate in technical review meetings during the implementation of the program.
9. Working with the awardee, HHS will develop a monitoring and evaluation system to monitor the impact of the programs, consistent with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

## **II. Award Information**

**Type of Award:** Cooperative Agreement. HHS involvement in this program is listed in the Activities Section above.

**Fiscal Year Funds:** 2005

**Approximate Total Funding:** \$1,000,000 (This amount is an estimate, and is subject to availability of funds.)

**Approximate Number of Awards:** One

**Approximate Average Award:** \$200,000 (This amount is for the first 12-month budget period, and includes direct costs only.)

**Floor of Award Range:** None

**Ceiling of Award Range:** \$200,000 (This ceiling is for the first 12-month budget period.)

**Anticipated Award Date:** September 15, 2005

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, HHS' commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government, through the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

### **III. Eligibility Information**

#### **III.1. Eligible Applicants**

Assistance will be provided only to the Southern Province Health Office of the Republic of Zambia. No other applications are solicited. The current health system structure in Zambia consists of the MOH, which has the responsibility for policy guidance and strategic planning, and the Central Board of Health, which is responsible for the translation and implementation of government health policies. The country is administratively divided into nine Provinces and 72 districts. In the health sector, the Provincial Health Office provides technical support to the districts in the areas of management of service delivery, planning of health programs, priority setting and resource utilization. Within this framework the Southern Province Health Office is the only entity in Zambia qualified to collaborate with HHS as part of the Emergency Plan in Livingstone because it has the legal authority, expertise, and capacity to perform the key public health activities that are part of this cooperative agreement.

### **III.2. Cost Sharing or Matching Funds**

Matching funds are not required for this program.

### **III.3. Other**

If you request a funding amount greater than the ceiling of the award range, HHS will consider your application non-responsive, and it will not enter into the review process. We will notify you that your application did not meet the submission requirements.

**Special Requirements:**

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process. We will notify you that your application did not meet submission requirements.

- HHS/CDC will consider late applications non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

**IV. Application and Submission Information**

**IV.1. Address to Request Application Package**

To apply for this funding opportunity use application form PHS 5161-1.



Electronic Submission:

HHS strongly encourages you to submit your application electronically by using the forms and instructions posted for this announcement at [www.grants.gov](http://www.grants.gov).

Paper Submission:

Application forms and instructions are available on the HHS/CDC web site, at the following Internet address:  
[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700. We can mail the application forms to you.

**IV.2. Content and Form of Submission**

**Application:** You must submit a project narrative with your application forms. You must submit the narrative in the following format:

- Maximum number of pages: 25 - If your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point unreduced

- Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page
- Held together only by rubber bands or metal clips; not bound in any other way.
- Application MUST be submitted in English.

Your narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

- Goals and Objectives, including Project Contribution to the Goals and Objectives of the Emergency Plan for AIDS Relief
- Work Plan and Description of Project Components and Activities
- Timeline
- Staffing Plan, with Level of Effort
- Performance Measures and Methods of Evaluation
- Summary Budget composed by line item, along with a budget justification. (This will not be counted against the stated page limit).

You may include additional information in the application appendices. The appendices will not count toward the narrative page limit. The additional information includes the following:

- Curriculum Vitas or Resumes
- Organizational Charts
- Job descriptions of proposed key positions to be created for the activity
- Quality-Assurance, Monitoring-and-Evaluation, and Strategic-Information Forms
- Applicant's Corporate Capability Statement
- Letters of Support
- Evidence of Legal Organizational Structure

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the HHS/CDC web site at:

<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with your application are listed in section "VI.2. Administrative and National Policy Requirements."

#### **IV.3. Submission Dates and Times**

**Application Deadline Date:** September 9, 2005

**Explanation of Deadlines:** Applications must be received in the HHS/CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.

You may submit your application electronically at [www.grants.gov](http://www.grants.gov). We consider applications completed on-line through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). We will consider electronic applications as having met the deadline if the

applicant organization's Authorizing Official has submitted the application electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically with Grants.gov, your application will be electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure the carrier will be able to guarantee delivery by the closing date and time. If HHS/CDC receives the submission after the closing date because: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time; or (2) significant weather delays or natural disasters, you will have the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as received by the deadline.

If you submit a hard copy application, HHS/CDC will not notify you upon receipt of the submission. If you have a

question about the receipt of your submission, first contact your courier. If you still have questions, contact the PGO-TIM staff at: (770)488-2700. Before calling, please wait two to three days after the submission deadline. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If your submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify you that you did not meet the submission requirements.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding Restrictions**

Restrictions, which you must take into account while writing your budget, are as follows:

- Funds may not be used for research.
- Reimbursement of pre-award costs is not allowed.

- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives; however, prior approval by HHS/CDC officials must be requested in writing.
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut, and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however, the applicant must perform a substantial portion of the activities (including program management and operations, and

delivery of prevention services for which funds are required).

- You must obtain an annual audit of these HHS/CDC funds (program-specific audit) by a U.S.-based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standards(s) approved in writing by HHS/CDC.
- A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.
- Needle Exchange - No funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

### **Prostitution and Related Activities**

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.



Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and

shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that

compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. Government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'" ) addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You may find guidance for completing your budget on the HHS/CDC web site, at the following Internet address:  
<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

#### **IV.6. Other Submission Requirements**

##### **Application Submission Address:**

Electronic Submission:

HHS/CDC strongly encourages you to submit electronically at [www.grants.gov](http://www.grants.gov). You will be able to download a copy of the application package from [www.grants.gov](http://www.grants.gov), complete it offline, and then upload and submit the application via the

Grants.gov site. We will not accept e-mail submissions.

If you are having technical difficulties in Grants.gov, you may reach them by e-mail at support@grants.gov, or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that you submit your application to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of the application. We must receive any such paper submission in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement.

You must clearly mark the paper submission: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic and back-up paper submissions the deadline, we will consider the electronic version the official submission.

We strongly recommend that you submit your grant application by using Microsoft Office products (e.g.,

Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. You may find directions for creating PDF files on the Grants.gov web site. Use of files other than Microsoft Office or PDF could make your file unreadable for our staff.

**OR**

Paper Submission:

Submit the original and two hard copies of your application by mail or express delivery service to the following address:

Technical Information Management- AA112  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341

## **V. Application Review Information**

### **V.1. Criteria**

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of

effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application, and they will be an element of evaluation.

We will evaluate your application against the following criteria:

1. Understanding the Problem (25 points)

Does the applicant demonstrate an understanding of the national cultural and political context and the technical and programmatic areas covered by the project? Does the applicant display knowledge of the five-year strategy and goals of the President's Emergency Plan, such that it can build on these to develop a comprehensive, collaborative project to reach underserved populations in Zambia and meet the goals of the Emergency Plan? Does the applicant demonstrate a clear and concise understanding of the nature of the problems to be addressed as described in the Purpose section of this announcement? This includes a description of the planned activities to be

undertaken and a detailed presentation of the objectives of the proposal.

## 2. Methodology (25 points)

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant describe a plan to progressively build the capacity of local organizations and of target beneficiaries and communities to respond to the epidemic?

## 3. Personnel (25 points)

Are staff involved in this project qualified to perform the tasks described? CVs provided should include information that they are qualified in the following tasks, including to perform these in local languages: management of HIV/AIDS prevention activities, especially confidential voluntary counseling and testing (VCT); development of capacity-building among, and collaboration between, governmental and non-governmental organization (NGO) partners. Are the staff roles clearly defined?



4. Administration and Management (25 points)

Does the applicant provide a clear plan for the administration and management of the proposed activities, to manage the resources of the program, prepare reports, monitor and evaluate activities and audit expenditures?

5. Budget (not scored)

Does the applicant present a detailed budget with clear justifications for all line items; is the budget consistent with the proposed activities and objectives of the proposal, and with the five-year strategy and goals of the President's Emergency Plan and Emergency Plan activities in Zambia?

**V.2. Review and Selection Process**

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.

A review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

## **VI. Award Administration Information**

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management Officer will sign the NoA, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements**

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following additional requirements apply to this project:

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-6            Patient Care

Applicants can find additional information on these requirements on the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

You need to include an additional Certifications form from the PHS5161-1 application in your Grants.gov electronic submission only. Please refer to

<http://www.cdc.gov/od/pgo/funding/PHS5161-1->

[Certificates.pdf](#). Once you have filled out the form, please attach it to your Grants.gov submission as Other Attachments Form.

### **VI.3. Reporting Requirements**

You must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation

application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
  - b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Budget.
  - e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Zambia.
  - f. Additional Requested Information.
2. Annual progress report, due no more than 60 days after the end of the budget period. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Zambia.
  3. Financial status report, no more than 90 days after the end of the budget period.
  4. Final financial and performance reports, no more than 90 days after the end of the project period.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

## **VII. Agency Contacts**

We encourage inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341  
Telephone: 770-488-2700

For program technical assistance, contact:

Marc Bulterys, Project Officer  
1600 Clifton Road NE, MS E-04  
Atlanta, GA 30333  
Telephone: 011 260 1 250 955  
E-mail: bulterysm@cdczm.org

For financial, grants management, or budget assistance,  
contact:

Shirley Wynn, Grants Management Specialist  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341  
Telephone: 770-488-1515  
E-mail: zbx6@cdc.gov

#### VIII. Other Information

Applicants may find this and other HHS funding opportunity announcements on the HHS/CDC web site, Internet address:

[www.cdc.gov](http://www.cdc.gov) (click on "Funding" then "Grants and Cooperative Agreements"), and on the web site of the HHS Office of Global Health Affairs, Internet address: [www.globalhealth.gov](http://www.globalhealth.gov).

Dated:

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William P. Nichols, MPA  
Director  
Procurement and Grants Office  
Centers for Disease Control  
and Prevention  
U.S. Department of Health and  
Human Services